

HIV/AIDS in Indonesia and USAID Involvement

Although HIV/AIDS prevalence in Indonesia is still low, the epidemic poses a rapidly increasing threat across this archipelago nation. HIV was first detected in a foreign tourist in 1987, and shortly thereafter cases were identified in the local population. Evidence of infection has since been found in 23 of Indonesia's 30 provinces and in all socioeconomic groups. According to the Government of Indonesia (GOI), cumulative HIV/AIDS cases jumped 60 percent from 2000 to 2001. In addition to mounting HIV infections, Indonesia has the third highest tuberculosis (TB) burden in the world, with an estimated 500,000 new cases and 175,000 deaths per year.

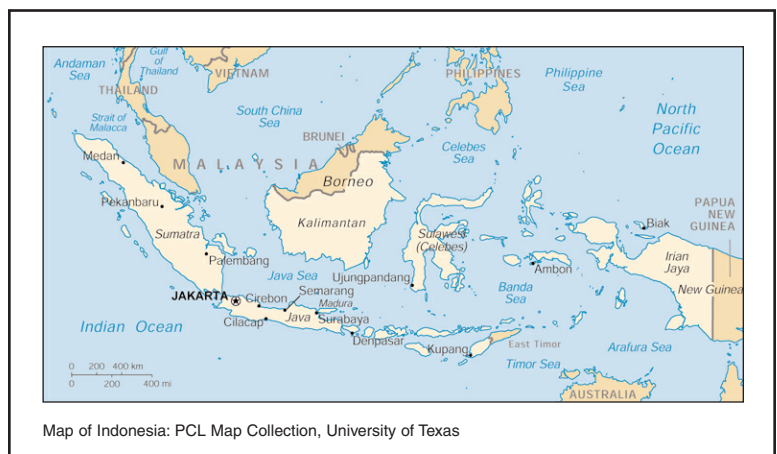
According to Indonesia's National AIDS Commission:

- 635 AIDS cases and 1678 HIV infections had been reported as of September 2001;
- An estimated 80,000-120,000 Indonesians were living with HIV as of September 2001;
- 274 AIDS deaths had been reported from January through September 2001; and
- An estimated 3,856 AIDS deaths had occurred in Indonesia through 2000.

Despite recent increases in infection rates and growing concern surrounding the new, concentrated epidemics seen across the Indonesian archipelago, HIV/AIDS in Indonesia has not yet reached the epidemic proportions of other countries in the region, such as those of Thailand, Cambodia, or Burma. A 1996-97 behavioral study by the HIV/AIDS Prevention Project (HAPP) suggested that Indonesia's relatively low HIV/AIDS prevalence levels were a result of:

- A relatively high age at first sexual intercourse (20-24 years);
- A low rate of concurrent female-male sexual partnerships; and
- A relatively low number (compared with Thailand) of clients per commercial sex worker.

However, the economic, political, and social upheaval of recent years has provided an opportunity for HIV to spread rapidly. An estimated 80



million people (nearly 40 percent of the total population) continue to live below or near the poverty line and cannot meet basic needs, including a nutritious diet; transportation to health facilities; and payment of fees for health care, medicines, and contraceptives. Moreover, high rates of male migration, a growing commercial sex industry, high rates of sexually transmitted infections (STIs), and an absence of sex education for youth threaten to increase rates of HIV/AIDS. Sex workers, injecting drug users, transport workers, migrant laborers, youth (especially young women), and people who live in port areas are at particular risk of being infected.

From 2000 to 2001, the GOI recorded sharp increases in HIV infection among communities of sex workers and injecting drug users. GOI surveillance shows infection rates of 26.5 percent among female sex workers in Merauke, Irian Jaya; and infection rates of 40 percent among injecting drug users in Jakarta and 53 percent in Bali. In neighboring Southeast Asian countries, similar infection patterns have led to rapid spread in the general population.

NATIONAL RESPONSE

In 1987, upon the detection of the first HIV/AIDS cases in Indonesia, the GOI established a National AIDS Control Commission (NACC) and began HIV surveillance activities. Soon thereafter, the Ministry

of Health initiated activities in a number of provinces believed to be at greatest risk for spreading infection. In May 1994, Presidential Decree No. 36 established an International AIDS Prevention and Control Commission under the direction of the Coordinating Minister for People's Welfare. The GOI also established a technical working group, comprised of key Indonesian leaders, to advise the Minister of Health and provide support to the Commission. Other ministries have also established committees to take responsibility for HIV/AIDS policy and programming in their sectors.

Indonesia's national HIV/AIDS strategy emphasizes:

- Working with local communities to develop HIV prevention and control efforts;
- Incorporating Indonesian religious and cultural values in HIV/AIDS programs and approaches;
- Utilizing education and public information as key elements for HIV prevention;
- Providing proper counseling and testing for HIV, and guaranteeing confidentiality for persons living with HIV/AIDS; and
- Respecting human rights of people directly or indirectly affected by HIV/AIDS.

Key Population, Health, and Socioeconomic Indicators		
Population	209.5 million	Indonesia Central Bureau of Statistics, 2000
Growth Rate	1.6%	U.S. Census Bureau 2000*
Life Expectancy	Males: 63 Females: 67	Indonesia Central Bureau of Statistics, 2000
Total Fertility Rate	2.6	U.S. Census Bureau 2000*
Infant Mortality Rate	46 per 1,000 live births	PRB 2001 World Population Data, 2001
Maternal Mortality Rate	373 per 100,000 live births	WHO 2000
GNP per capita (US\$)	\$580	World Bank 1999
Govt. health expenditure as % GDP	2.6%	UNICEF 2000
Adult Literacy (% of people 15 and above)	Males: 90% Females: 78%	UNICEF 2000

* From U.S. Census Bureau 2000 HIV/AIDS country profiles, which include data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO.

USAID SUPPORT

To address growing HIV/AIDS prevalence in Indonesia, the **U.S. Agency for International Development (USAID)** allocated \$5 million for HIV/AIDS prevention and care activities in FY 2001.

USAID's activities focus on preventing HIV/AIDS among groups at high risk of infection, improving service delivery, promoting behavior change to prevent HIV and STI transmission, and strengthening national and local HIV/STI surveillance systems.

Family Health International (FHI) is USAID's primary partner in HIV/AIDS programming in Indonesia. Its HIV/AIDS Prevention Project (HAPP), implemented from 1997 to 2000 in North Jakarta, Surabaya and Manado, resulted in increased condom sales; increased awareness of condom use to prevent HIV transmission; establishment of several Provincial HIV Commissions; and a decline in STI prevalence in selected sites.

In late FY 2000, FHI launched an expanded program, Aksi Stop AIDS (ASA), in collaboration with the Ministry of Health to address HIV/AIDS and STI prevention among populations at high risk of HIV infection in 10 priority regions. The program aims to increase access, delivery and use of HIV/AIDS prevention services; strengthen HIV/AIDS surveillance systems; and expand private sector and community participation in HIV/AIDS programming. To help Indonesia address a rapid, nationwide explosion of injecting drug use, the U.S. Government's support expands prevention efforts to include injecting drug use intervention assistance to local communities.

Donor participation in HIV/AIDS programming in Indonesia remains limited due to competing national needs. However, donors such as Australia, Germany and the UN agencies, including UNAIDS and UNFPA, remain active in addressing the Indonesian epidemic.

CHALLENGES

Indonesia faces the following challenges in confronting its HIV/AIDS epidemic:

- A weakened health care system and low health status following several years of political and economic instability;
- Competing priorities for scarce health resources, including the provision of basic nutrition and health care in a new environment of decentralization;
- Minimal capacity for surveillance and monitoring of health and disease status; and
- Insufficient training in STI prevention and care and little knowledge of HIV transmission among traditional and non-traditional health workers.

SELECTED LINKS AND CONTACTS

1. Family Health International. Country Director, Program Aksi Stop AIDS, Jalan Percetakan Negara, No. 29, Jakarta 10560, Indonesia. Tel: (62-21) 422-3463, Fax: (62-21) 422-3455. E-mail: program-asa@fhi.or.id
2. UNAIDS/Indonesia, Jane Wilson, Country Programme Advisor. P.O. Box 2338, Jakarta, Indonesia 10001. Tel: (62-21) 314-1308, ext. 115/116, Fax: (62-21) 314-5251, E-mail: jwilson.unaids@undp.org

USAID/Indonesia
American Embassy
Jalan Medan Merdeka Selatan 4-5
Jakarta 10100, Indonesia
Tel: (62-12) 3435-9000
Fax: (62-12) 380-6694
Website: www.usaid.gov/id/

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.*

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